

Town of Crawford Summer Camp 2017 CAMPER REGISTRATION PACKET

PLEASE SUBMIT ONE PACKET PER CAMPER

Camp Dates: Monday June 26 – Friday July 28

<u>CAMP IS CLOSED ON Tuesday July 4</u>

Camp runs weekdays: 9:00am-1:00pm sharp

DO NOT drop off campers before 8:50 am. SUPERVISION CANNOT BE PROVIDED PRIOR TO THAT In the event of heavy rain/thunderstorms, (or call for such), camp will be hosted at the new

Town of Crawford Senior Community Center. Weather related announcements will be posted as needed **AFTER 6:15 am www.townofcrawford.org** and on the Town of Crawford Facebook page

REGISTRATION WILL REMAIN OPEN UNTIL WEDNESDAY, JUNE 21, 2017 AT 12pm

(or when camp capacity is reached, should that happen first)

Camper Name:		
Age:	(as of first scheduled day of camp June	26, 5 & up to age 15)
Must have proof	of completed kindergarten and should have	independent bathroom skills.
Date of Birth: _	Gender:	M / F
The grade your	child is DUE TO ENTER in Septembe	er, 2017:
Attended the To	own of Crawford Summer Camp previous	sly? Yes No
Parent / Guard	ian Name(s)	
Email address F	PLEASE PRINT CLEARLY	
	s (if different from above)	
Home#	Cell#	Work#
In the event of ar information below	n emergency if we are unable to reach you, pw:	please provide alternate emergency contact
Name:	Relationshi	p
Cell#	Work or other #	
Name:	Relationship	
Cell#	Work or other #	

1.

2.

Immunization and Health Information: Camper's Name _____ Immunization Form OPTIONS at time of registration. Please check one: My child's immunizations are up to date. Enclosed please find copy of immunization form* which is valid through the end of the camp session, July 28 _____ My child is due for additional immunizations between now and the end of the camp session date, *Enclosed* please find current immunization form to date. When immunizations are updated, an adult will hand-deliver the updated immunization form to the Camp Medical Director. I understand that The Camp Medical Director will be keeping track of records that are due during the camp session. *I understand that all immunization forms must be validated with a Signature & Date by a Physician or office representative acting as such. X Parent/Guardian Signature ______ Please list any allergies -OR- My child has NO known allergies ______ Any other allergy concerns? Please list below, add another sheet if necessary Y____ N Any other medical concerns? Please list below, add another sheet if necessary Y___ N _ IF YES: A note from physician releasing student to participate in camp activities is required Any concerns regarding your child's health should be discussed in person with the Camp Health Director prior arrival on his/her first day of camp. Please call (845) 744-8230 to make an appointment to meet with our Camp Health Director. If your child requires medication during camp hours, you MUST send in a note from their physician as well as the medication itself, in a current, original container. Campers who require medication during camp hours MUST be able to self-administer. (INCLUDING EPI-pens) If you wish to apply sunscreen and/or bug repellant to your child, please do so prior to their arrival at camp. Law prohibits us from applying these lotions. • Please list any medications your child is taking (and/or medication's possible side effects that Camp Staff should be aware of Authorization Camper Name I authorize the Town of Crawford staff to administer basic First Aid and/or Emergency Medical Treatment and/or arrange for transport to and treatment at a local medical facility in the event of a medical emergency. I authorize the Town of Crawford staff to take photographs of my child to be used for the purpose of camp newsletters and or other publications. I give permission for my child to be transported in the case of organized trips and special events. If there are any custodial/guardianship restrictions, I will provide a copy of that paperwork along with this application. I acknowledge permission for my child to attend program.

X Parent/ Guardian Signature_____ Date _____

Resident / Non-Resident Declaration currently resides at: Camper Name N.Y. Full Address Zip Code in the Town of (Town to which you pay taxes, ex.: Crawford, Mamakating, Montgomery, Shawangunk, Wallkill) In the County of (Orange, Ulster, Sullivan, Other) With: Parent or Legal Guardian Name(s) Parent/ Guardian Name (PLEASE PRINT) Parent / Guardian Signature Date **Camp Discipline Policy** Discipline is most effective when it deals directly with the problem at the time and place it occurs, and in a way that campers view as fair and impartial. Counselors and administrative staff are expected to use disciplinary action (in the form of time-out from activities) only when necessary. Disciplinary action should be firm, fair, and consistent so as to be the most effective in changing student behavior. We will always consider the following: The camper's age, nature of the incident and the circumstances that led to it, camper's prior disciplinary record, the effectiveness of prior discipline (time-outs). As a general rule, discipline will be progressive, meaning camper's first infraction will merit a lighter penalty. (a shorter timeout) than subsequent infractions. Camp counselors are instructed to inform a Director if a camper exhibits violent behavior, bullying or a regular pattern of misbehavior. In such cases, Director will speak with the camper. If the misbehavior continues, the Director will notify parent/quardian to discuss possible options. In the case of extreme violent behavior, we reserve the right to dismiss a camper from the summer program without warning. I read and understand the Camp Discipline Policy I understand that if there are any legal custodial/guardianship restrictions, I must inform and provide the Camp Director with copies paperwork or legally they cannot be enforced. I read, understand, will keep and refer to as needed, the "Town of Crawford Summer Camp Family Information & Guidelines" provided with this application.

Parent / Guardian Signature

Date

<u>Snacks and/or lunches</u>: Our area was not designated for the free lunch program this year. Please pack lunches and/or snacks using insulated bags if possible, as we do not have refrigeration onsite. We do our best to keep all lunch bags in a shaded area.

Be sure to <u>label all items with your child's name</u>.

<u>Water:</u> We encourage campers to drink water often during the session. Please send your child to camp with a **refillable** water bottle. There is a water cooler and water fountain onsite. Staff will stop for regular water breaks and in addition encourage campers to drink water throughout the session whenever they need it. Sugary drinks are **never** advised. Remind your children to hydrate during the camp day.

Waiver of Release:

I acknowledge that by signing this document, I am releasing the Town of Crawford their officials, staff and volunteers from liability. This release form has legal consequences. I have read it carefully before signing. In consideration of the opportunity for my child to attend Summer Camp in the Town of Crawford, I/WE HEREBY RELEASE, DISCHARGE, HOLD HARMLESS, PROMISE NOT TO SUE, SHALL DEFEND AND INDEMNIFY, the Town of Crawford, their officials, staff and volunteers, from any and all rights and claims including arising from the negligence of the released parties, which may be directly or indirectly in connection to my Child's participation at the Town of Crawford Summer Camp. The undersigned agrees that the remainder of this release and indemnity shall remain in full force and effect.

_X		
Parent/ Guardian Name	(PLEASE PRINT)	
	(
_X		<u> </u>
Parent / Guardian Signatur	e	Date
•		

We're so happy to announce that our Staff & Camper Tee Shirts have been sponsored by



		Please check one size:	
Youth small	Youth mediu	m Youth large	
Adult Small	_ Adult medium	Adult LargeAdult XL	
		Non-Refundable FEES	
	PER CAMPER	for Five-Week Summer Camp Progr	am:
Town of Crawford	Residents		
1 st Child. \$115. /	2 nd Child \$90. /	3 rd Child \$60. / 4 th Child & addl. S	§45.
Non-Residents:			
	¹ 2 nd Child \$170. /	3 rd Child & add'l. \$125.	
		I guardian are eligible for a 10% discount.	
Please attach cop	y of proof of currer	nt active military status	
Enclosed please fin	ıd:		
CHECK (or M.O.)	#	in the amount of \$	
(Please make pa	ayable to "The To	own of Crawford")	
-OR- CASH in	the amount of \$_		
How did you hear	about us?		
Campers Attended	Previously	Friends/neighbors	
		Cable Access Channel 23	
		Parent Magazine	
Town Website			

CAMPER SIGN-OUT PERMISSION SLIP

CAMPER NAME (one camper name only)	ENTERING GRAD in Sept.	E
NAME OF PAREN	T / GUARDIAN / PRIMARY CARE GIVER	
	s/guardians have permission to sign my child out Sum S LIST THAT PICK UP TIME IS 1:00 PM SHARP	nmer Camp
PLE.	ASE PRINT:	
	relationship	
arent/ Guardian Name (PLEASE PRIN		_
Optional)		
ly child has my permission to leave car	mp & walk home on their own each day	
hild's Name		
rent/ Guardian Name (PLEASE I	PRINT)	
arent / Guardian Signature		_
arent / Guardian Signature	DAIL	

FOLLOWING PAGES ARE PERMISSION SLIP & INFO

FOR FUN ZONE/ GOLDEN CORRAL FIELD TRIP

FRIDAY: JULY 21

 Please note that an additional Bowling Trip to Walden Lanes is currently being scheduled,
 Permission slip & additional info for that trip will be posted on the Town website by May 1

www.townofcrawford.org

KEEP THIS INFORMATION PAGE

Town of Crawford SUMMER CAMP TRIP! **Trip Date: Friday July 21, 2017**



360 NY Rt. 211 Middletown, N.Y. 10940

NO REGULAR CAMP AT THE PARK ON THIS DATE

THIS TRIP <u>WILL</u> TAKE PLACE RAIN-OR-SHINE Busses are scheduled to leave campsite at 9:30 am

Permission slip and fees are due by Friday June 30, 2017 Reservations CANNOT be accepted after that date

Campers: WEAR YOUR TEE SHIRTS

Cost per child: \$25.00 per camper INCLUDES:

- Transportation

Eat, Drink & Play Package Unlimited rides& bounce
- \$10 arcade play card

- Golden Corral : Kids Buffet Lunch and beverage

Exact Cash -or- Checks or money orders payable to 'Town of Crawford'

Party Zone venue will be closed to the public during our fieldtrip

<u>Please Note</u>: NO outside food or drink are permitted other than water bottles

• Busses will return to the park by 1:00 pm

PLEASE COMPLETE & RETURN THE ATTACHED PERMISSION SLIP BY FRIDAY JUNE 30 2017

Town of Crawford SUMMER CAMP Field Trip Permission Slip Trip Date Friday JULY 21, 2017

DELIVER COMPLETED PERMISSION SLIP & FEE TO CAMP DIRECTOR BY JUNE 30 2017



My child (ren): _					
y ora (1011)	CAMPER NAM		GRADE ENTERING IN September		
_	CAMPER NAM	ME	GRADE ENTERING IN September		
_	CAMPER NAM		GRADE ENTERING IN September		
• •	nission to attend the nd take part in activit		nmer Camp field trip, f	to be transporte	d by bus to
Parent /Guardian					
	Signatur	e	Date		Phone #
Alternate Emerge	ency Contact Info:	Name:		_ Phone #	
liability. This relea for my child to atte DISCHARGE, HO their officials, staff parties, which may and associated fie	t by signing this docuse form has legal corend Summer Camp in LD HARMLESS, PROFE and volunteers, from the be directly or indirectly trips.	nsequences. I have re the Town of Crawford OMISE NOT TO SUE, an any and all rights and ctly in connection to m	ad it carefully before s d and attend related fi SHALL DEFEND AN d claims including aris	igning. In consi eld trips, I/WE D INDEMNIFY, ing from the ne at the Town of	the Town of Crawford, gligence of the released Crawford Summer Camp
x Parent/ Guardian	Name (PLEASI	E PRINT)			
Parent / Guardiar	n Signature		<u> </u>	Date	
•	find: 25 per campe		TOTAL ENC	LOSED: ¢	
Exact Cash -OR- Cl	ieck/ ivi.o. made out to	the "Town of Crawford"	IUIAL ENG	LU3ED. ֆ	

HOW TO SUBMIT THIS CAMPER REGISTRATION PACKET:

Please submit 'ONE' COMPLETED 'REGISTRATION PACKET' **PER CAMPER**

PLUS:

One check or money-order 'per family' for camp fee(s)
Payable to Town of Crawford.

Field trip forms and fees may be included with the packet –or- submitted separately, no later than June 30.

Send to, or drop off at:

Town of Crawford Government Center/ Summer Camp 121 State Rte. 302 Pine Bush, NY 12566

2017 TOWN OF CRAWFORD SUMMER CAMP!

In addition to everyday Camp Fun, this Calendar highlights special announcements, theme days, trips and activities!!

CAMP CELL PHONE NUMBER: (845) 772-2369 TOWN HALL (845) 744-2029

FOR WEATHER or OTHER ANNOUNCEMENTS as needed AFTER 6:15 am

Town website: www.townofcrawford.org OR Town of Crawford' Facebook Page

walden SAVINGS bank Jour Bank Par Community.

Many Thanks to our Community sponsors at

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
June 26 Welcome CAMP	June 27	June 28	June 29	June 30 PERMISSION SLIPS DUE FOR ALL FIELD TRIPS H21D2Y
July 3	July 4 No Camp Today Remember PJs tomorrow!	July 5 Pajama Day! Wear your favorites	July 6	July 7
July 110	July 11 Crazy Hair	July 12	July 13 Wear a costume & march in the morning parade! Halloween in JULY!!	July 14
Tuly 17	July 18	July 19 LUAU PARTY Wear something BEACHY!	July 20	Wear your tee shirt FIELD TRIP! NO CAMP AT PARK TODAY
July 24 Goofy Relay Races	July 25	July 26	July 27 ~ Tee Shirt Signing Wear your tee shirt: We'll provide fabric markers ©	July 28 Wear your tee shirt LAST DAY HUGE FUN!!! ~ Ice Cream Party! ~ Performance Day! ~ Counselor Relays!